

**United States Bankruptcy Court for the Northern District of California**

Fox Ortega Enterprises Inc.

Debtor 1

First Name      Middle Name      Last Name

Debtor 2

(Spouse, if filing)

First Name      Middle Name      Last Name

Case number: **16-40050****Form 1340 (12/23)** (Modified for use in the Northern District of California, US Bankruptcy Court)**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimant

Amount: **1967.20**

Claimant's Name: JM Partners LLC as Assignee of Carl Farrell

Claimant's Current Mailing Address, Telephone Number, and Email Address:	6800 Paragon Place, Ste 202 Richmond, VA 23230 804-285-0807 JMarshall@JMPartnersLLC.com
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**2. Claimant Information**Applicant<sup>2</sup> represents the following:

- The Claimant is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- The Claimant (Successor Claimant) is entitled to the unclaimed funds by transfer, assignment, purchase, merger, acquisition, or succession by other means, and below are the name(s) of the Owner of Record and all previous owner(s) of the claim:

Carl Farrell, formerly of 500 University Avenue #731, Honolulu, HI 96826-4916, and currently of 1199 Bishop Street #1000, Honolulu, HI 96813. Phone 808-955-6714

- If the Claimant is a Successor Claimant, Applicant has sent a copy of the application to the Owner of Record and all other previous owner(s) of the claim at their current address or Applicant has enclosed a statement explaining why Applicant was not able to do so or an explanation of why doing so is not necessary.

**3. Applicant Information**

Applicant represents the following:

- Applicant is the Claimant.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant's estate.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

**4. Supporting Documentation**

Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

**5. Notice to United States Attorney**

Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address: (attach a completed Certificate of Service)

**Office of the United States Attorney  
Northern District of California  
450 Golden Gate Avenue  
P.O. Box 36055  
San Francisco, CA 94102**

**6. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g., 18 U.S.C. § 152.

Date:

*6/10/24*

Signature of Applicant (Hand Sign in Ink)

*John Marshall*

Printed Name of Applicant

Address: JM Partners LLC  
ATTN: John Marshall  
6800 Paragon PI 202, Richmond, VA 23230

Telephone: 804-285-0807

Email: JMarshall@JMPartnersLLC.com

**7. Notarization**

STATE OF Virginia

COUNTY OF Henrico

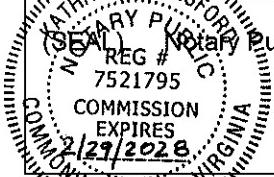
This Application for Unclaimed Funds, dated

6/10/24 was subscribed and sworn to before  
me this 10<sup>th</sup> day of June, 20 24 by

*John Marshall*

(Print Name of Applicant)

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

Public *Kathy S. Sanford*

(Hand Sign in Ink)

My commission expires:

**6. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g. 18 U.S.C. § 152.

Date:

Signature of Co-Applicant (if applicable) (Hand Sign in Ink)

Printed Name of Co-Applicant (if applicable)

Address:

Telephone:

Email:

**7. Notarization**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated

\_\_\_\_\_ was subscribed and sworn to before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by

(Print Name of Co-Applicant)

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public \_\_\_\_\_

(Hand Sign in Ink)

My commission expires: